

State Strategic Business Plan - Part 2a

IV. SERVICE MANAGEMENT

The Division of MH/DD/SAS is responsible for management of state operated services and facilities and is held to the same quality and best practice standards as are local management entities in overseeing local service delivery. In addition, the Division is accountable for oversight of the local public management system and for providing statewide standards to ensure consistency and equity across the state.

| A. The Division will provide adequate management of state operated services. | | | |
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| Objective | Task/Strategy | Outcome/Product | Completion Date |
| IV.A-1 The Division will oversee the implementation of state rules, policies and standards in state facilities. | a) Review all state rules, policies and standards governing the operation of state services for consistency with the State Plan mission, principles and goals. | Report on rules and policies governing state services/facilities, with accompanying recommended changes as required for uniformity, included in annual revision of State Plan. | July 1, 2003 |
| | b) Develop a uniform set of rules, policies and standards for operation of state services and facilities, consistent with those established for all providers of mh/dd/sa services. | Implementation of compliance plan noted in quarterly State Plan updates. | Jan. 1, 2004 |
| | c) Provide a plan for coming into compliance with any new rules/policies. | | |
| IV.A-2 The Division will provide adequate monitoring and oversight of state services and facilities. | a) Assess monitoring and oversight standards and protocols applicable to state services, including: <ul style="list-style-type: none"> • Comparison with those required of community services and supports. • Identification of gaps and overlaps in existing monitoring by federal, state and independent national agencies. b) Create an internal Division/LME monitoring protocol consistent with state quality management (QM) efforts, to address any gaps reported above, and identify: <ul style="list-style-type: none"> • Who will perform the monitoring. • System performance indicators. • Consumer outcomes. | Report of monitoring assessment and new protocol included in revised State Plan as part of overall quality management revision. | July 1, 2003 |

| | c) Incorporate monitoring of downsizing goals into protocol as developed. [See IV.B-2.2.1 – 2.2.4.] | | |
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| IV.A-3 The Division will facilitate the collaboration between state-operated services and LMEs. | a) Develop policy to require application of consistent procedures for enrollment of state operated services into designated LME qualified provider networks. b) Create technological supports to enable LMEs to access quality management data, including person specific data to implement local quality improvement requirements. c) Develop statewide uniform policy and procedures to facilitate entry and exit of persons between state operated services and community services. | New policies and procedures included into revised State Plan. Technological capacity for quality management operational throughout state. | July 1, 2003 Jan. 1, 2004 |
| B. The Division will develop and implement a plan for reducing the state's reliance on institutional services. | | | |
| Objective | Task/Strategy | Outcome/Product | Completion Date |
| IV.B-1 The Division will adopt statewide uniform procedures for all facilities to expedite movement of individuals into community. | a) Adopt consistent procedures for identifying and prioritizing individuals for discharge from all facilities and incorporate into the Olmstead assessment processes. b) Develop a protocol, including person-centered planning models of best practice, for creating out-placement teams for each individual identified via IV.B-1 (a). c) Create a tracking mechanism for all individuals leaving state institutions to ensure continuity of care. | Out-placement team protocol approved and incorporated into state policy and reports to LOC. Out-placement teams in operation in each state facility, and tracking information included in State Plan quarterly reports and available to local QM systems. Expanded Olmstead tracking system operational. | Oct. 1, 2002 April 1, 2003 July 1, 2003 |
| IV.B-2 The Division will develop and implement category-specific downsizing plans, including strategies for bed/census | a) Review original benchmarks for downsizing and community service development to ensure accuracy in current fiscal environment. b) Establish new targets and | The census and number of certified beds in all state-operated facilities at target levels. Community service capacity meeting new demand with reduction in state services | July 1, 2007 July 1, 2003 and ongoing. |

| reductions and community capacity development. | timeline for Director approval of downsizing plans. | as reported by LME service need assessments. | |
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| IV.B-2.1 Psychiatric hospitals will be downsized to meet State Plan requirements. | a) Analyze array of service/support/ treatment needs of population in each hospital, using community service need assessments (local business plan process) and ensuring reliance on only evidence-based and emerging best practices in array. | Analysis report added to quarterly progress report to LOC. Regional-specific community capacity-enhancement plans, approved by the Division Director, compiled into a report to LOC and includes rewards and sanctions for community performance. | Jan. 1, 2003 July 1, 2003 |
| | b) Based on analysis, develop strategies, resources and incentives with LMEs for creating community capacity for services, treatment and support in each hospital region. Include specific tasks and outcomes to be completed in each region. | Annual State Plan revision incorporates tasks and strategies per community capacity enhancement initiatives. | July 1, 2003 |
| | c) Develop a bed-closing plan that identifies specific beds/units in each hospital to be de-certified (as in the original task list) and incorporates safeguards for those instances in which community development does not enable individuals to move into community. | Bed closing plan included with analysis report above. A reduction in certified available psychiatric hospital beds meets targets. | Jan. 1, 2003 July 1, 2007 |
| | d) Establish state-imposed penalties for LMEs that do not enhance service capacity to meet the bed-closing plan. | | |
| IV.B-2.2 The Division will adopt a plan to divert individuals in the substance abuse target population from state psychiatric hospitals. | a) Establish regional capacity requirements for each level of the American Society of Addiction Medicine (ASAM) service continuum, using community service need assessments (LBP process). | Regional requirements published and used in LBP submissions. Protocol adopted and incorporated into state policy. | July 1, 2002 Dec. 1, 2002 |
| | b) Adopt and implement a standardized assessment & treatment protocol to be applied in community and state operated settings. | Assessment instruments for all children and adults receiving substance abuse services in compliance with mandatory outcomes reporting of outcomes in the Substance Abuse Performance Treatment Block Grant (SAPT). | July 1, 2003 |
| | c) Implement requirements of NC Treatment Outcome & Program Perform System (NC-TOPPS) or current tool | | |

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| | <p>identified the Division.</p> <p>d) Prepare and implement a plan for increasing capacity of Alcohol and Drug Abuse Treatment Centers (ADATCs) in the state to assist in substance abuse diversion from state hospitals.</p> <p>e) Develop additional community-based substance abuse crisis triage units with intensive outpatient treatment programs throughout state.</p> <p>f) Establish a full array of services for children and adults with alcohol, tobacco or other drug disorders utilizing adult and child ASAM Continuum of Care.</p> | <p>Plan for ADATC capacity expansion added to state strategic plan in quarterly report.</p> <p>Fifteen (3 five-bed) crisis triage units operational.</p> <p>Assessment of service array confirms implementation of a full array of services in compliance with the ASAM Continuum of Care.</p> | <p>Oct. 1, 2002</p> <p>Five by 7/01/04 Five by 7/01/05 Five by 7/01/06</p> <p>July 1, 2007</p> |
| <p>IV.B-2.3 The Division will adopt and implement a plan for decreasing by 50% the long-term census of the state's mental retardation centers (MRCs).</p> | <p>a) Analyze the array of service/support needs in each region, using community service need assessments (LBP process) and ensuring a reliance on only evidence-based and emerging best practices in the array.</p> <p>b) Develop strategies, resources and incentives with LMEs for creating community capacity for services and supports in each MRC region based on the analysis. Include specific tasks and outcomes to be completed in each region and state-imposed rewards or sanctions for community performance.</p> <p>c) Increase statewide service and support capacity in areas specifically identified in HSRI Report: (tasks & strategies included in community enhancement plans above).</p> <p>d) Develop statewide policy on the role of day and vocational services.</p> <p>e) Increase capacity to provide</p> | <p>Analysis report added to quarterly progress report to LOC including bed/unit closing plan.</p> <p>Community capacity enhancement plan, approved by the Division Director, includes:</p> <ul style="list-style-type: none"> • Progress on implementation of HSRI specific recommendations. • Strategies for integration of private intermediate care facilities for the mentally retarded (ICFs/MR) into mh/dd/sa system. • Specific tasks and outcomes to be completed in each region. • Rewards and sanctions for community performance. <p>Annual State Plan revision incorporates tasks and strategies per community capacity enhancement initiatives.</p> | <p>Jan. 1, 2003</p> <p>July 1, 2003</p> <p>July 1, 2003</p> |

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| | <p>quality behavioral services for people with developmental disabilities.</p> <p>f) Increase community capacity to provide quality primary health services to people with disabilities.</p> <p>g) Develop and implement a sub-plan for integration of private ICFs/MR into mh/dd/sa system. Include mechanisms to ensure enrollment in LME provider networks. The plan will address the downsizing of large private ICFs/MR, as well as the conversion of non-state ICF/MR group homes to HCBS waiver funding.</p> <p>h) Develop a plan that identifies specific beds/units in each center to be de-certified as ICF/MR and incorporates safeguards for those instances where community development does not enable individuals to move into communities. Identify mental retardation centers to be closed and timeline if necessary to implement plan.</p> | <p>Mental retardation centers long-term census reduced by 50%.</p> | <p>July 1, 2007</p> |
| <p>IV.B-2.4 The Division will adopt and implement a plan for eliminating state-operated facilities for SED children and youth and expanding System of Care (SOC) in communities.</p> | <p>a) Prepare a plan for eliminating state operated child mental health facilities. Address the following:</p> <ul style="list-style-type: none"> • Timeline for closure. • Replacement of capacity for services of comparable intensity with respect to the size (# of children) and geographic locations of new service sites. • Collaborative initiatives with LMEs & providers for conversion from state to privately operated services. <p>b) Review and implement the plan for expansion of System of Care throughout the state. Tasks/strategies are identified</p> | <p>Plan for elimination of state-operated services added to quarterly report to LOC.</p> <p>Plan to expand SOC in communities revised and added to quarterly report to LOC. Plan includes benchmarks and timelines for implementation.</p> <p>Progress reports on implementation of SOC are incorporated into quarterly reports to LOC. Necessary modifications made annually and added to State Plan revisions.</p> | <p>Oct. 1, 2002</p> <p>Jan. 1, 2003</p> <p>Beginning April 1, 2003 and quarterly thereafter</p> |

| | in existing task list. | | |
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| C. The Division will develop oversight mechanisms to ensure adequate local management of public policy. | | | |
| Objective | Task/Strategy | Outcome/Product | Completion Date |
| IV.C-1 The Division will approve and monitor performance goals submitted via local business plans (LBPs). | a) Disseminate specifications for establishment of performance goals in local business plans. | Specifications for performance goals included in <i>Local Business Plans</i> document in State Plan. | July 1, 2002 |
| | b) Adopt and implement standards for review and approval of local business plans. | Review and approval procedures disseminated. | July 1, 2002 |
| | c) Establish protocols for monitoring/verifying compliance with performance goals through data submissions, standardized reporting and onsite visits. | Local business plan approval process initiated. | April 1, 2003 |
| IV.C-2 The Division will oversee compliance of LMEs with LBP planning and/or approved local business plans. | a) Establish and disseminate specifications and reporting formats for quarterly reports on LME planning (prior to certification) and/or local business plan implementation. | Quarterly reporting specifications, formats, review and response procedures published and disseminated to LMEs upon receipt of all letters of intent. | Dec. 1, 2002 |
| | b) Adopt and implement review and comment procedures for response to quarterly reports. | Aggregate LME reports added to quarterly reports to LOC. | Beginning Oct. 1, 2003 and quarterly thereafter |
| | c) Aggregate quarterly LME reports into statewide reporting mechanism. | Technical assistance is provided as necessary and reported in quarterly reports to LOC. | Beginning Oct. 1, 2003 and quarterly thereafter |
| | d) Develop and provide technical assistance to LMEs when quarterly reporting indicates poor performance or non-compliance issues. | | |
| IV.C-3 The Division will manage annual agreements/ contracts with LMEs to govern funding allocations. | a) Develop memorandum of agreement (MOA)/ contract format and procedures and timelines for annual execution required for LME funding. | MOA/contract format, timelines, negotiation and reporting procedures, incentives and sanctions published and disseminated to LMEs, county managers/ commission chairs, and area program directors/ board chairs. | April 1, 2003 |
| | b) Determine procedures for benchmarking progress of local business plan implementation. | | |
| | c) Establish unique benchmarks for each approved local business plan for | Benchmarks established through a negotiated process and each MOA/contract executed. | July 1, 2003 |

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| | <p>incorporation into Division/LME annual MOA/contract.</p> <p>d) Include specifications for reporting on MOA/ Contract performance in quarterly reporting mechanism delineated in IV.C-2 above.</p> <p>e) Establish incentives and sanctions for MOA/contract compliance/non-compliance.</p> | | |
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State Strategic Business Plan - Part 2b

IV. SERVICE MANAGEMENT

| D. The Division will implement a utilization management system. | | | |
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| Objective | Task/Strategy | Outcome/Product | Completion Date |
| IV.D-1 The Division will oversee development and management of a new utilization management (UM) system throughout the state. | a) Define UM functions required by State Plan and develop criteria for performing each function including designation of each function as centralized or locally directed. | UM function requirements and specifications published and disseminated to all stakeholders. | Nov. 1, 2002 |
| | | Statewide reporting procedures and technological capability operational. | July 1, 2003 |
| | b) Establish specifications for conducting centralized UM functions. | Criteria for consolidating UM functions under new LME system published and disseminated to all stakeholders. | July 1, 2003 |
| | c) Provide information to LMEs and all stakeholders on the role and responsibilities of external utilization management. | LMEs performing UM functions in compliance with state policy. | July 1, 2007 |
| | d) Adopt and implement statewide reporting mechanisms on UM data from both central and local operations. | | |
| IV.D-2 The Division will develop disability-specific service/care authorization criteria. | e) Set criteria for consolidating UM functions under the new LME system. | | |
| | a) Establish disability-specific criteria that trigger need for external authorization, categorized by type, frequency/level of intensity or amount of service/treatment or funding allocation. | "Trigger points" (points at which external oversight is required) established and disseminated to LMEs. | April 1, 2003 |
| | b) Develop and provide training and technical assistance (TA) on utilization management (UM) mechanisms/ strategies for LMEs. | UM training/TA package for LMEs available and training/TA events scheduled, tracked and reported to LOC quarterly. | July 1, 2003 |
| | c) Establish guidelines to promote UM criteria that incorporate and provide incentives for models of best practice. | Guidelines to promote models of best practice included in UM contract specifications. | Nov. 1, 2002 |

| E. The Division will move the system to one that incorporates best practice platforms and models of practice. | | | |
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| Objective | Task/Strategy | Outcome/Product | Completion Date |
| IV.E-1 The Division will oversee system development based on best practice foundations and practice platforms. | <p>a) Develop and disseminate information and educational materials on practice platforms (philosophical or theoretical frameworks on which models of practice are based), including person centered planning (PCP), consumer driven, recovery, cultural competence, self-determination and others as identified.</p> <p>b) Produce guidelines for establishing practice platforms above, beginning with person centered planning. [See IV.E-1 (a).]</p> <p>c) Create requirements for inclusion of the principles and practice models in local business plans (LBPs).</p> | <p>Information and educational materials available and on Division web site.</p> <p>Initial set of guidelines for PCP adopted; additional sets of guidelines adopted (one per quarter) throughout reform.</p> <p>Revised local business plan criteria have weighted scoring elements to promote adherence to guidelines.</p> | <p>July 1, 2002</p> <p>Oct. 1, 2002 and quarterly thereafter as applicable</p> <p>July 1, 2003</p> |
| IV.E-2 The Division will provide leadership in transformation to a system with best practices as its foundation. | <p>a) Develop cross-agency policy recommendations for statewide best practices consistent with State Plan.</p> <p>b) Create an infrastructure that will embrace the principles in the State Plan, including:</p> <ul style="list-style-type: none"> • Comprehensive financing strategy and fiscal mechanisms to support it. • Technological supports to manage a more flexible and decentralized (consumer directed) system. • Personnel system that incorporates the values and principles of State Plan into its hiring and grading system. | <p>Policy guidance presented to DHHS for implementation among agencies as appropriate.</p> <p>Specific outcomes/products to support new infrastructure implemented (see VIII, IX & X).</p> | <p>July 1, 2004</p> <p>July 1, 2007</p> |
| IV.E-3 The Division will develop a comprehensive training strategy to support the principles of the | <p>a) Develop and provide training and technical assistance on adopted state guidelines (see above) to all stakeholders.</p> <p>b) Develop and provide training and technical assistance to</p> | <p>Training & technical assistance packages on guidelines available and training schedule initiated (beginning with person centered planning.)</p> | <p>Jan. 1, 2003 and quarterly thereafter (Training & TA packages should be available the quarter following</p> |

| State Plan. | | state staff on the challenge of change and practices to support it. | | adoption of specific set of guidelines.) [See IV.E-2 above.] |
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| | c) | Develop specific technical assistance materials and onsite training for LMEs to promote consistency with the State Plan vision and mission and to facilitate change. | Curriculum on change available for use at state and local level. | July 1, 2003 |
| | d) | Create training and information opportunities, including material development and financial and other supports, to support the education and leadership development of consumers and families. | Training (and other supports) specifically addressing consumer leadership being conducted and schedule of events available on Division training calendar. | July 1, 2004 |
| | e) | Establish guidelines and technical assistance packages for working with provider agencies to promote change in service delivery consistent with the mission and values of the State Plan. | Guidelines and technical assistance specifically targeted to providers being conducted and events tracked and reported quarterly to LOC. | July 1, 2004 |
| | f) | Develop information and training packages for use by LMEs in carrying out community education and public awareness activities consistent with principles of best practice. | Community education and public awareness materials available to LMEs. | Jan. 1, 2004 |
| | g) | Institute a training/education methodology directed specifically at state and local policy makers. | Training and technical assistance specifically targeted to policy makers being conducted and events tracked and reported quarterly to LOC. | Beginning with presentations to the LOC, April 2002 and ongoing |
| F. The Division will provide oversight to ensure adequate local management of core functions. | | | | |
| Objective | Task/Strategy | Outcome/Product | Completion Date | |
| IV.F-1 The Division will oversee development, implementation and evaluation of core functions by the LMEs. | a) | Adopt statewide standards for screening, assessment and referral to facilitate consistent access into the local mh/dd/sa system. | Statewide standards and guidelines adopted, disseminated to LMEs and reported to LOC. | July 1, 2002 |
| | b) | Develop specifications with respect to the types and availability of emergency/crisis services to all individuals who present in | Evaluation of core function operations validated and pre-test data collected in PIG LMEs. | July 1, 2003 |

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| | <p>need (core functions).</p> <p>c) Develop guidelines for disaster response as a function of overall emergency/crisis response system in each LME catchment area.</p> <p>d) Establish guidelines for provision of service coordination as a community core function with accompanying expected outcomes and community benefit analysis protocol.</p> <p>e) Institute guidelines for providing consultation, education and prevention as core functions.</p> <p>f) Develop a methodology evaluating core function operations, including assessment of community benefit to be conducted and submitted by each LME.</p> | | |
| <p>IV.F-2 The Division will provide guidance to local communities with respect to building community capacity and resource enhancement.</p> | <p>a) Expand array of community supports, both paid and non-paid, available to individuals both in and out of the target populations, including services provided by generic community agencies and organizations, self help groups, and faith-based organizations.</p> <p>b) Develop training and technical assistance (TA) on community resource enhancement strategies, such as community mapping, community organization, systems advocacy and community collaboration.</p> <p>c) Develop guidelines to encourage LMEs to conduct outreach activities to identify individuals who are inappropriately served.</p> | <p>Using community service need assessments (LBP process) as baseline data, a report of annual progress with respect to availability of community resources included in state evaluation reports. (See VI & VII.)</p> <p>Training and TA packages available, training events scheduled and published on Division Training Calendar.</p> <p>Outreach guidelines included in practice guideline development in IV.E-1 (b).</p> | <p>July 1, 2004</p> <p>Jan. 1, 2005</p> <p>See IV.E-1 (b).</p> |

| G. The Division will provide oversight to ensure adequate local management of services, treatment and supports to target populations. | | | |
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| Objective | Task/Strategy | Outcome/Product | Completion Date |
| IV.G-1 The Division will develop uniform service definitions to enhance the array of services/supports/treatment to target populations based on models of best practices in identified essential life areas. | a) Develop service definitions consistent with evidence-based, best and emerging best practices, to provide an array of options in the life areas of: <ul style="list-style-type: none"> • Housing/residential. • Work/day activity/leisure. • Transportation. • Staffing supports. • Specialized services. b) Create service definitions that enable participants to direct their own services/supports and treatment. c) Create service definitions with payment incentives for use by LMEs to ensure that providers implement a rehabilitation/recovery/ personal supports model for consumers of adult services. | Service definitions approved for benefit packages and established in Integrated Payment and Reporting System (IPRS). Additional/revised service definitions incorporated into IPRS. Payment incentives operational through IPRS. | July 1, 2003 for implementation and annually thereafter April 1, 2004 – 2007 July 1, 2004 |
| IV.G-2 The Division will develop uniform practice standards based on models of best practices in essential life areas. | a) Develop mh/dd/sa protocols based on evidence-based practices and/or national standards of best practices, using foundation guidelines in IV.E-1. b) Update clinical guidelines for client assessment, schizophrenia, psychiatric issues in persons with mental retardation, mood disorders, substance-related disorders and others as appropriate. c) Develop and disseminate practice guidelines/ standards to ensure that consumers have choice and are included as full citizens in their communities. | MH/DD/SAS service practice standards and specific protocols approved and disseminated. | Jan. 1, 2003 and quarterly thereafter |
| IV.G-3 The Division will develop standards and practices to enhance system-wide focus on | a) Identify an array of prevention approaches/models, including specific service designs, accepted as national best practice for all mh/dd/sa | Activities IV.G-3 (a) & (b) to enhance prevention services specific to substance abuse included in comprehensive substance abuse plan developed to | July 1, 2003 |

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| prevention. | <p>disabilities.</p> <p>b) Develop prevention service definitions and practice standards where appropriate.</p> <p>c) Establish rates & reimbursement mechanisms for prevention services.</p> <p>d) Incorporate prevention activities and programs for all disabilities, as applicable.</p> | <p>divert people from psychiatric hospital admission. [See IV.B-2.2.]</p> <p>Evaluation of state performance includes assessment of prevention effort and increase in prevention focus. [See VII.A-1 & A-2.]</p> | Oct. 1, 2004 |
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